

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101754733
FILING DATE
APPLICANT(S)

18-04 57304

CLAIMS

AS-FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		2 IND. DEP.	4 IND. DEP.	8 IND. DEP.
	IND.	DEP.	IND.	DEP.			
1					51		
2					52		
3					53		
4					54		
5					55		
6					56		
7					57		
8					58		
9					59		
10					60		
11					61		
12					62		
13	1		1		63		
14	1		1		64		
15	1		1		65		
16	1		1		66		
17	1		1		67		
18	1		1		68		
19	1		1		69		
20	1		1		70		
21					71		
22					72		
23					73		
24					74		
25					75		
26					76		
27					77		
28					78		
29					79		
30					80		
31					81		
32					82		
33					83		
34					84		
35					85		
36					86		
37					87		
38					88		
39					89		
40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	2	1	1	1	TOTAL IND.	1	1
TOTAL DEP.	1	1	1	1	TOTAL DEP.	1	1
TOTAL CLAIMS	3	2	2	2	TOTAL CLAIMS	2	2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS